

Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	acrobat distiller
Run by	OPS\$PCUMMING
Report Date	03-FEB-05 02:27

Crosswalk Report

Status : FN Substance Abuse and Mental Health Services Administration
Media ID : SARS,IDPH Office of Applied Studie
Start Date : 01-JUL-90
End Date :
Follow-up :

Iowa's Treatment Episode Data Set
Version : 1

K = Key Field		System		<u>Iowa</u>
Item		Item		
No.	Treatment Episode Data Set		Value	State System Data
1	System Transaction Type	-	System Transaction Type Added To Each Record	
K 2	State Code	IA	FIPS Code Added to Each Record	
3	Reporting Date	-	Month and Year of Submission Added to Each Record	

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Iowa's Treatment Episode Data Set
Version : 1

K = Key Field		Minimum		<u>Iowa</u>	
Item		Item			
No.	Treatment Episode Data Set		Value	State System Data	
K 1	Provider Identifier	01	Provider Number		
K 2	Client Identifier (Admission)	02	Client Number		
K 3	Co-Dependent/Collateral	05	Form Usage		
	2 No		60 Admit User		
	1 Yes		70 Admit Concerned		
K 4	Client Transaction Type	00	Transaction Type		
K 5	Date of Admission	04	Date of Adm/Eval		
6	Number of Prior Treatment Episodes	48A	Number of Prior Substance Abuse Admissions During the Last 10 Years		
	0 0		0 None		
	1 1		1 1		
	2 2		2 2		
	3 3		3 3		
	4 4		4 4		
	5 Or More		5 5+		

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Item	Item	Value	State System Data
No.	Treatment Episode Data Set		
7	Principal Source of Referral	30	Source of Referral
01	Individual (includes self-referral))	21	Self
03	Other Health Care Provider	22	Other Health Care Provider
03	Other Health Care Provider	23	Community Mental Health Clinic
02	Alcohol/Drug Abuse Provider	24	Alcohol/Drug Abuse Provider
01	Individual (includes self-referral))	25	Other Individual
05	Employer/EAP	26	Employer/EAP
04	School (Educational)	27	School
07	Court/Criminal Justice/DUI/DWI	28	TASC
07	Court/Criminal Justice/DUI/DWI	29	OWI
07	Court/Criminal Justice/DUI/DWI	30	Other Criminal Justice/Court
07	Court/Criminal Justice/DUI/DWI	31	Civil Commitment
06	Other Community Referral	32	Promise Jobs
07	Court/Criminal Justice/DUI/DWI	33	Zero Tolerance
06	Other Community Referral	38	Other Community Referral

7	Principal Source of Referral	30	Source of Referral
01	Individual (includes self-referral))	21	Self
03	Other Health Care Provider	22	Other Health Care Provider
03	Other Health Care Provider	23	Community Mental Health Clinic
02	Alcohol/Drug Abuse Provider	24	Alcohol/Drug Abuse Provider
01	Individual (includes self-referral))	25	Other Individual
05	Employer/EAP	26	Employer/EAP
04	School (Educational)	27	School
07	Court/Criminal Justice/DUI/DWI	28	TASC
07	Court/Criminal Justice/DUI/DWI	29	DWI
07	Court/Criminal Justice/DUI/DWI	30	Other Criminal Justice/Court
07	Court/Criminal Justice/DUI/DWI	31	Civil Commitment
06	Other Community Referral	38	Other Community Referral

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8	Date of Birth	09	Birthday
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Item	Item	Value	State System Data
No.	Treatment Episode Data Set		
9	Sex	12A	Sex
1	Male	1	Male
2	Female	2	Female

10	Race	14A	Race
05	White	1	Causcasian/White
04	Black or African American	2	African American/Black
02	American Indian (Other than Alaskan Native)	3	American Indian
03	Asian or Pacific Islander	4	Asian
23	Native Hawaiians or Other Pacific Islanders	5	Hawaiian or Pacific Isalnder
01	Alaska Native (Aleut, Eskimo, Indian)	6	Alaskan Native
13	Asian		
20	Other		

10	Race	14A	Race
05	White	1	Causcasian/White
04	Black or African American	2	African American/Black
02	American Indian (Other than Alaskan Native)	3	American Indian
03	Asian or Pacific Islander	4	Asian Pacific Islander
01	Alaska Native (Aleut, Eskimo, Indian)	6	Alaskan Native
20	Other	8	Other
13	Asian		
23	Native Hawaiians or Other Pacific Islanders		

No longer effective as of: 06-30-1999

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Item

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State System Data

No. Treatment Episode Data Set

11 Ethnicity

14B/14 Of Hispanic Origin

05	Not of Hispanic Origin	0	Not Hispanic or Latino
01	Puerto Rican	1	Puerto Rican
02	Mexican	2	Mexican
03	Cuban	3	Cuban
04	Other Specific Hispanic	4	Other Hispanic or Latino

11 Ethnicity

14B/14 Of Hispanic Origin

05	Not of Hispanic Origin	0	Not of Hispanic Origin
01	Puerto Rican	1	Puerto Rican
02	Mexican	2	Mexican
03	Cuban	3	Cuban
04	Other Specific Hispanic	4	Other Hispanic

No longer effective as of: 06-30-1999

12 Education

15A Years of Education

13 Employment Status

16 Employment Status

01	Full Time	01	Full Time
02	Part Time	02	Part-Time
03	Unemployed	03	Unemployed, Looking for work
04	Not in Labor Force	04	Not in LabotrForce

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State System Data

13	Employment Status	16	Employment Status
04	Not in Labor Force	11	Homemaker
04	Not in Labor Force	12	Retired
04	Not in Labor Force	13	Disabled
03	Unemployed	14	Unemployed --Looking for work in the past 30 days
04	Not in Labor Force	15	Unemployed --Not looking for work in the past 30 days
02	Part Time	16	Employed Part Time < =35 hours/week
01	Full Time	17	Employed Full Time > =35 hours/week
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Item	Item	Value	State System Data
No.	Treatment Episode Data Set		
14	Substance Problem Codes (Primary-14A,Secondary-14B, Tertiart-14C)	39A40 A41A	Current Substance, Primary, Secondary, Tertiary
01	None	00	None
02	Alcohol	21	Alcohol
03	Cocaine, Crack	22	Cocaine/Crack
04	Marijuana, Hashish (includesTHC and other Cannabis Sativa preparations)	23	Marijuana/Hashish
05	Heroin	24	Heroin
06	Non-Prescription Methadone	25	Non-Prescription Methadone
07	Other Opiates and Synthetics	26	Other Opiates and Synthetics
08	PCP	27	PCP
09	Other Hallucinogens	28	Other Hallucinogens
10	Methamphetamine	29	Methamphetamines
11	Other Amphetamines	30	Other Amphetamines
12	Other Stimulants	31	Other Stimulants
13	Benzodiazepine	32	Benzodiazepines
14	Other Tranquilizers	33	Other Tranquilizers
15	Barbiturates	34	Barbiturates
16	Other Sedatives or Hypnotics	35	Other Sedative or Hypnotics
17	Inhalants	36	Inhalants
18	Over-the-Counter	37	Over The Counter
20	Other	38	Steroids
20	Other	48	Other

15	Usual Route of Administration (Primary-15A, Secondary-15B, Tertiart-15C)	39B40 B41B	Current Methods, Primary, Secondary, Tertiary
01	Oral	1	Oral
02	Smoking	2	Smoking
03	Inhalation	3	Inhalation
04	Injection (IV or intramuscular)	4	Injection
20	Other	8	Other

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Item	Item	Value	State System Data
No.	Treatment Episode Data Set		
16	Frequency of Use (Primary-16A, Secondary-16B, Tertiary-16C)	39C40 C41C	Current Frequency Primary, Secondary, Tertiary
01	No past month use	00	No Use in Past Six Months
01	No past month use	10	No Past Month Use
02	1-3 times in past month	11	1-3 Times in Past Month
03	1-2 times per week	12	1-2 Times Per Week
04	3-6 times per week	13	3-6 Times Per Week
05	Daily	14	Daily
05	Daily	15	2-3 Times Daily
05	Daily	16	4+ Daily

17	Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)	39D40 D41D	Age of First Use or Alcohol Intoxication Primary, Secondary, Tertiary
00-95	Indicates The Age at First Use	01-96	01-96

K 18	Type of Services	37	Environment/Services
01	Hospital Inpatient (Detox, 24 hour Service)	11	Medically Managed Detox
02	Free-standing Residential (Detox, 24 hour Service)	12	Medically Monitored Detox
03	Hospital (other than detox)	13	Inpatient Medically Managed Acute
04	Short-term, (30 days or fewer)	14	Primary Residential Treatment
05	Long-term, (more than 30 days)	15	Extended Residential Treatment
06	Intensive Outpatient	16	Day TX/Partial
05	Long-term, (more than 30 days)	17	Halfway House
07	Non-Intensive Outpatient	18	Continuing Care
07	Non-Intensive Outpatient	19	Extended Outpatient
08	Ambulatory Detoxification	21	Outpatient Detox
05	Long-term, (more than 30 days)	22	Medically Monitored Residential

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Iowa

Item

Item

No. Treatment Episode Data Set

Value

State System Data

K 18	Type of Services	37	Environment/Services
01	Hospital Inpatient (Detox, 24 hour Service)	11	Medically Managed Detox
02	Free-standing Residential (Detox, 24 hour Service)	12	Medically Monitored Detox
03	Hospital (other than detox)	13	Inpatient Medically Managed Acute
04	Short-term, (30 days or fewer)	14	Primary Residential Treatment
05	Long-term, (more than 30 days)	15	Extended Residential Treatment
05	Long-term, (more than 30 days)	17	Halfway House
07	Non-Intensive Outpatient	18	Continuing Care
07	Non-Intensive Outpatient	19	Extended Outpatient
08	Ambulatory Detoxification	21	Outpatient Detox
05	Long-term, (more than 30 days)	22	Medically Monitored Residential
No longer effective as of: 06-30-1999			

19	Opioid Replacement Therapy (Planned or Actual) Was Use of Methadone Planned/Actual	31	Is Methadone Planned As Part Of Treatment?
1	Yes	1	Yes
2	No	2	No

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Optional

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
1	Detail Drug Code, Primary	-	Not Collected	
2	Detail Drug Code, Secondary	-	Not Collected	
3	Detail Drug Code, Tertiary	-	Not Collected	
4	DSM Diagnosis	-	Not Collected	
5	Psychiatric Problem in Addition to Alcohol or Drug Problem	34	Psychiatric Problem In Addition To Alcohol/Drug Problem	
1	Yes		1	Yes
2	No		2	No
6	Pregnant at Time of Admission	12B	Pregnant At Time Of Admission	
1	Yes		1	Yes
2	No		2	No
7	Veteran Status	22	Military Status	
2	No		0	None
1	Yes		1	Served in Armed Forces
2	No		2	In Reserves
2	No		3	Acitve Duty
2	No		4	Combat Service

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Optional

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Item	Item	Value	State System Data
No.	Treatment Episode Data Set		

7	Veteran Status	22	Military Status
2	No	0	None
1	Yes	1	Veteran
2	No	1	Served in Armed Forces
2	No	2	In Reserves

No longer effective as of: 06-30-1999

8	Living Arrangements	13A	Living Arrangements
03	Independent Living	11	Alone
02	Dependent Living	12	Parents
03	Independent Living	13	Significant Other Only
03	Independent Living	14	Significant Other and Child(ren)
03	Independent Living	15	Child(ren) Only
03	Independent Living	16	Other Adult(s)
03	Independent Living	17	Other Adult(s) and Child(ren)
02	Dependent Living	18	Institution
01	Homeless	19	Homeless
02	Dependent Living	20	Halfway House/Group Home
02	Dependent Living	21	Hospital

8	Living Arrangements	13A	Living Arrangements
03	Independent Living	11	Alone
02	Dependent Living	12	Parents
03	Independent Living	13	Significant Other Only
03	Independent Living	14	Significant Other and Child(ren)
03	Independent Living	15	Child(ren) Only
03	Independent Living	16	Other Adult(s)
03	Independent Living	17	Other Adult(s) and Child(ren)
02	Dependent Living	18	Institution
01	Homeless	19	Homeless

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Optional

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Item		Item		Value		State System Data	
No.	Treatment Episode Data Set						
9	Source of Income/Support	18	Primary Source of Income or Support				
21	None			00	None		
01	Wages/Salary			11	Wages/Salary		
20	Other			12	Family/Friends		
02	Public Assistance			13	Public Assistance		
03	Retirement/Pension			14	Retirement/Pension		
04	Disability			15	Disability		
20	Other			18	Other		
10	Health Insurance	23	Health Insurance (May not cover Alcohol/Drug Treatment)				
97	Unknown			1	Yes		
21	None			2	No		

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Optional

Iowa

Item

Item

No. Treatment Episode Data Set

Value

State System Data

11 Expected/Actual Primary Source of Payment

27 Primary Souce of Payment

08 No Charge (Free, Charity,
Special Research or Teaching)

00 No Charge

01 Self-Pay

11 Self Pay

02 Blue Cross/Blue Shield

12 Blue Cross/Blue Shield

07 Other Health Insurance
Companies

13 HMO

07 Other Health Insurance
Companies

14 Other Health Insurance

04 Medicaid

15 Medicaid Eligible

03 Medicare

16 Medicare Eligible

06 Worker's Compensation

17 Workman's Compensation

05 Other Government Payments

18 Other Government

05 Other Government Payments

19 IDPH/Non-Medicaid Eligible

05 Other Government Payments

20 RT/SS

09 Other

21 Private Pay

03 Medicare

23 Medicare/Medicaid Eligible

03 Medicare

24 Medicare/Non-Medicaid Eligible

97 Unknown

99 Unknown

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Optional

Iowa

Item

Item

No. Treatment Episode Data Set

Value

State System Data

11 Expected/Actual Primary Source of Payment

27 Primary Souce of Payment

08	No Charge (Free, Charity, Special Research or Teaching)	00	No Charge
01	Self-Pay	11	Self Pay
02	Blue Cross/Blue Shield	12	Blue Cross/Blue Shield
07	Other Health Insurance Companies	13	HMO
07	Other Health Insurance Companies	14	Other Health Insurance
04	Medicaid	15	Medicaid Eligible
03	Medicare	16	Medicare Eligible
06	Worker's Compensation	17	Workman's Compensation
05	Other Government Payments	18	Other Government
05	Other Government Payments	19	IDPH/Non-Medicaid Eligible
05	Other Government Payments	20	RT/SS
09	Other	21	Private Pay
05	Other Government Payments	22	State Non-Unit Reimbursement
03	Medicare	23	Medicare/Medicaid Eligible
03	Medicare	24	Medicare/Non-Medicaid Eligible
97	Unknown	99	Unknown

No longer effective as of: 06-30-1999

12 Detailed Not in Labor Force

16 Not in Labor Force

01	Homemaker	01	Homemaker
02	Student	02	Student
03	Retired	03	Retired
04	Disabled	04	Disabled

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Optional

Iowa

Item

Item

No. Treatment Episode Data Set

Value

State System Data

12 Detailed Not in Labor Force **13A15 Living Arrangement,Presently a Student, B16 Employment Status**

05 Inmate of Institution (Prison or Institution - keeps people out of work force) (13)18 Institution

02 Student (15B) Yes, (Student) 1

03 Retired (16)12 Retired

04 Disabled (16)13 Disabled

01 Homemaker 16 Homemaker

No longer effective as of: 06-30-1999

13 Detailed Criminal Justice Referral Categories - **Not Collected**

14 Marital Status **13B Relationship Status**

01 Never Married 1 Single

02 Now Married or Cohabiting 2 Married

02 Now Married or Cohabiting 3 Cohabiting

03 Separated (legally or otherwise absent) 4 Separated

04 Divorced 5 Divorced

05 Widowed 6 Widowed

15 Days Waiting to Enter Treatment **8 Waiting Time For Treatment**

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Discharge

Iowa

Item No.	Treatment Episode Data Set	Item	Value	State System Data
104	Provider ID (At Discharge)	--	Program Number - 3-digit	
105	Client Identifier - (At Discharge)	--	Client Id - 10 digits	
106	Co-Dependent/Collateral At Discharge	--	Form Usage	
2	No	60	User	
1	Yes	70	Concerned Person	
109	Service at Discharge	--	Service	
01	Hospital Inpatient	11	Medically Managed Detox	
02	Free-Standing Residential	12	Medically Monitored Detox	
03	Hospital (Other than Detox)	13	Medically Managed Intensive Inpat	
04	Short-Term, <=30 days	14	Primary Residential	
05	Long-Term, >30 days	15	Extended Resid Treatment	
06	Intensive Outpatient	16	Day Treatment/Partial Hosp	
05	Long-Term, >30 days	17	Halfway House	
07	Outpatient	18	Continuing Care	
07	Outpatient	19	Extended Outpatient	
06	Intensive Outpatient	20	Extended Outpatient	
08	Detoxification	21	Outpatient Detox	
04	Short-Term, <=30 days	22	Medically Monitored Resid	
146	Date of Last Contact	--	Date of Discharge	
147	Date of Discharge	--	Date of Discharge	

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Discharge

Iowa

Item

Item

No. Treatment Episode Data Set

Value

State System Data

149	Reason for Discharge , Transfer or Discontinuance of Treatment	--	Reason for Discharge
01	Treatment Complete	21	Completed Treatment
01	Treatment Complete	22	Completed Treatment - Treatment Plan Substantially Completed
04	Transferred to Another Substance Abuse Treatment Program or Facility	23	Referred Outside
03	Terminated by Facility	24	Program Decision due to lack of Progress
02	Left Against Professional Advice (Drop Out)	25	Client Left
05	Incarcerated	26	Incarcerated
06	Death	27	Death
07	Other	28	Other
07	Other	29	Managed Care Decision
07	Other	30	Detox Only Client's Treatment Consisted of Detox Only
08	Unknown		

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report